

TITLE III-B RESPITE CARE

1.0 SERVICE DEFINITION

- 1.1 Respite Care is a service which, in the absence of the primary caregiver, provides at-risk persons, sixty years of age or older who are infirmed, disabled, chronically ill, or victims of Alzheimer's disease with the necessary support in the activities of daily living. Respite Care relieves the primary, live-in caregiver from 24-hour care responsibilities.
- 1.2 Respite care may be provided either in the home or by temporary placement in a long-term care/residential facility.
- 1.3 Respite Care should be provided in the absence of the primary caregivers in order to relieve them of continuous care responsibilities. The type and extent of care may vary depending on the circumstances.

2.0 SERVICE GOAL

- 2.1 The goal of Respite Care is to provide the caregiver with relief from the demands of caregiving. The intent is to reduce stress and exhaustion of the caregiver while assuring continuous care for the infirmed older person.

3.0 SERVICE UNIT

- 3.1 The unit of service for Respite Care is one hour of service.
- 3.2 The number of Respite hours will be determined by the agency during assessments and reassessments and will not exceed 260 hours per client per contract year.
- 3.3 A daily rate for institutional setting respite services may be used if approved by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
 - 3.3.1 Institutional respite is defined as respite provided in a licensed nursing home facility or a licensed assisted living facility.
- 3.4 If justified, the Division Contract Manager may approve emergency, around the clock service which can be provided at the caregiver's home.

4.0 SERVICE AREA

- 4.1 The Respite program is available to all eligible persons within Delaware subject to availability of the service.
- 4.2 Providers may apply for sub-areas of the State.

5.0 ELIGIBILITY

- 5.1 Criterion that providers will use to determine client eligibility include, but are not limited to, the following:
 - 5.1.1 Resident of the State of Delaware.
 - 5.1.2 Sixty (60) years of age or older.
 - 5.1.3 Infirm, disabled, or diagnosed with Alzheimer's disease.
 - 5.1.4 Caregiver is providing twenty-four (24-hour) care to the care-recipient.
- 5.2 Priority shall be given to the following:
 - 5.2.1 Caregivers with the greatest economic or social need, with particular attention to low-income /low income minority individuals
 - 5.2.2 Caregivers with limited English-speaking ability.
 - 5.2.3 Caregivers living in rural areas.
 - 5.2.4 Caregivers providing care for persons with Alzheimer's disease or related disorder; or, neurological or organic brain disorder.

6.0 SERVICE STANDARDS

- 6.1 Respite services must meet or exceed the following standards:
 - 6.1.1 The agency must meet and comply with all Federal, State and local rules, regulations and standards.
 - 6.1.2 The agency must be a Delaware licensed Home Health Agency.
 - 6.1.3 The agency must be able and willing to provide Respite Care seven (7) days a week with extended hours as needed.
 - 6.1.4 Screening of all referrals for service occurs during the initial contact requesting services. This includes screening the caregiver/care-recipient for eligibility for respite care funded from another source.
 - 6.1.5 If the caregiver/care-recipient is deemed eligible for respite services, an in-home case assessment must be done for each within five (5) working days of initial contact unless there is a prioritized waiting list.
 - 6.1.6 Assessments, reassessments and care-recipient care plans must be done by a Registered Nurse (RN) or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments, reassessments and care plans.
 - 6.1.7 The Agency shall prepare an Individualized Care Plan for the care-recipient during the in-home case assessment. The plan must identify those services to be provided to the care-recipient while the caregiver is relieved. The care plan must be developed in consultation with the caregiver to ensure that the hours of service provided meet the needs of the caregiver. The care-recipient's concerns and desires should be considered in the development of the plan.
 - 6.1.8 Care-recipients must be reassessed every three (3) months to determine if services currently provided through the program continue to meet the needs of the care-recipient and to revise the

plan of care, as necessary. Any observed changes must be immediately noted in the plan of care.

6.1.8.1 The provider must maintain a current care plan in each care-recipient's home and case file.

6.1.9 Caregivers must be reassessed every three (3) months. This written assessment of the **caregiver's needs** should become part of the permanent case file and be available for review during monitoring or other auditing sessions. Caregiver assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.

6.1.10 All plans of care and other participant records must be kept in a secure location to protect confidentiality.

6.1.11 All staff providing the service must be fully trained and professionally qualified, with supplemental training provided as appropriate to support the special populations they serve.

6.1.12 All staff providing patient care must be in such physical and mental health as to not adversely affect the health of the caregiver/care-recipient or the quality of care he/she receives.

6.2 Allowable activities:

6.2.1 The agency must have the capacity to provide, at a minimum, the following service components based on the care-recipient's individualized care plan:

6.2.1.1 Household duties such as light cleaning, laundry and meal preparation.

6.2.1.2 Personal care services for the care-recipient, such as: bathing, shampooing, shaving, dressing, and toileting.

6.2.1.3 Companionship.

6.2.1.4 Training/Instruction/Cueing.

6.3 Prohibited activities:

6.3.1 Respite service provided to persons eligible under some other financing program, unless on a temporary basis, until eligibility is confirmed.

6.3.2 Respite Service provided to persons receiving personal care or adult day services funded by any source, unless a waiver is approved by the Contract Manager.

6.3.3 Nursing care, unless provided by a Registered Nurse or Licensed Practical Nurse.

6.3.4 Nail or foot care of diabetics.

6.3.5 Lawn care, garden care, raking or snow removal.

6.3.6 Heavy-duty cleaning, furniture moving or other heavy work.

6.3.7 Financial or legal advice or services (except for referral to qualified agencies or programs).

6.3.8 Over eight (8) hours per day in the home.

6.3.9 More than 260 hours of Respite Care per client per contract year.

7.0 WAITING LISTS

- 7.1 When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided; or, until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD policy X-K, Client Waiting Lists. In all cases, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

8.0 INVOICING REQUIREMENTS

- 8.1 The provider will invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, Policy Number X-Q, Invoicing.
- 8.2 The following information will also be included on the invoice:
 - 8.2.1 Legal name of care-recipients.
 - 8.2.2 Service Units (Hours) provided per care-recipient.
 - 8.2.3 Total Service Units (Hours) provided.
 - 8.2.4 Service Unit Cost.
 - 8.2.5 Service Unit Reimbursement Rate.
 - 8.2.6 Total DSAAPD funds earned for the invoice period.
 - 8.2.7 Program Income collected for the invoice period and YTD.
- 8.3 For approved emergency, around the clock in-home care, the hourly cost rate will be used.

9.0 DONATIONS

- 9.1.1 Care-recipients, family members, and/or caregivers must be informed of the cost of providing respite service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- 9.1.2 Providers must:
 - 9.1.2.1 Inform applicants, family members and/or caregivers of the cost of providing services and offer them the opportunity to make voluntary contributions.
 - 9.1.2.2 Protect their privacy with respect to his/her contributions.
 - 9.1.2.3 Safeguard and account for all donations.
 - 9.1.2.4 Use the contributions to expand services.

TITLE III-B RESPITE CARE

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES

GRANTEE / AGENCY NAME: _____

PROGRAM NAME: _____

PLANNED SERVICE UNITS	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Number of Respite Aide Direct Hours					
Unduplicated Number of Caregivers Served					
Number of New Caregiver Assessments					
Number of Caregiver Reassessments					
Number of New Care-Recipient Assessments					
Number of New Care Plans Developed					
Number of Care-Recipient Reassessments					
Number of Referrals to Other Services					
Number of Information-Assistance Events					

NOTE: The above projections (goals) are compared with actual statistics on the Service Objectives Status Form, which is Page 2 of the Quarterly Program Performance Report.